DAYTIME TELEPHONE NUMBER

OPTIONAL: E-MAIL ADDRESS

(916) 653-8380

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A M E N D M E N T

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

(MIDDLE)

ZIP CODE

95814

4. Schedule Summary

STATE

CA

Date Signed

Signature

Please type or print in ink.

NAME (LAST)	(FIRST)				
Coleman	Ruth				
MAILING ADDRESS STREET (Business Address Acceptable)	CITY				
1416 9th Street, Suite 1405	Sacramento				
1. Office, Agency, or Court					
Name of Office, Agency, or Court:					
Department of Parks and Recreation					
Division, Board, District, if applicable:					
Executive Office					
Your Position:					
Director					
► If filing for multiple positions, list addit position(s): (Attach a separate shee					
Agency: Santa Monica Bay Restoration	on Commission				
Position: Ex-Officio					
2. Jurisdiction of Office (Check	k at least one box)				
⊠ State					
County of					
☐ City of					
☐ Multi-County					
Other					
	· · · · · · · · · · · · · · · · · · ·				
3. Type of Statement (Check at	t least one box)				
Assuming Office/Initial Date: _					
Annual: The period covered is Januthrough December 31, 2009.	uary 1, 2009,				
-or-					
O The period covered is/	_/, through				
Leaving Office Date Left:/ (Check one)					
O The period covered is January 1, date of leaving office.	2009, through the				
-or-					
O The period covered is/ the date of leaving office.	_/, through				
Candidate Election Year:					

► Total number of pages including this cover page:					
➤ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules:					
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)					
Schedule A-2 Yes — schedule attached Investments (10% or Greater Ownership)					
Schedule B Yes – schedule attached Real Property					
Schedule C Yes — schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)					
Schedule D Yes – schedule attached Income – Gifts					
Schedule E					
-or-					
☐ No reportable interests on any schedule					
5. Verification					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					

08/06/2010

(rpenth, day, year)

(File the originally signed statement with your filing official.)

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G.

STATE

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RECEIVED MAR 2 6 2010

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NAME (LAST)	(FIRST)					
Coleman	Ruth					
MAILING ADDRESS STREET (Business Address Acceptable)	CITY					
1416 9th Street	Sacramento					
1410 001 0000						
1. Office, Agency, or Co	urt					
Name of Office, Agency, or Cour	t:					
Department of Parks and Recreation						
Division, Board, District, if applic	able:					
Executive Office						
Your Position:						
Director						
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)						
Agency: Please See attached	page 3					
Position: Please see attached page 3						
2. Jurisdiction of Office	(Check at least one box)					
ヌ State						
County of						
☐ City of	i					
☐ Multi-County						
Other						
[Other						
3. Type of Statement (c	Check at least one box)					
Assuming Office/Initial	Date:/					
 ✓ Annual: The period covered is January 1, 2009, through December 31, 2009. 						
-or-						
O The period covered is December 31, 2009.	/, through					
Leaving Office Date Left:(Check one)						
O The period covered is January 1, 2009, through the date of leaving office.						

-or-

O The period covered is ___

☐ Candidate

the date of leaving office. ,

Election Year: .

4. Schedule Summary				
► Total number of pages including this cover page:				
► Check applicable schedules or "No reportable interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)				
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)				
Schedule B				
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D				
Schedule E Yes – schedule attached Income – Gifts – Travel Payments				
-or-				
☐ No reportable interests on any schedule				

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03.25.2010

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Director Ruth Coleman

			► NAME OF SOURCE			
► NAME OF SOURC		dation (CCDE)	NAINE OF SOURCE			
	te Parks Found		ADDRESS (Business Address Acceptable)			
	ss Address Acceptab		ADDITION (Business	o riodrood riodepial	,,,,	
	TY, IF ANY, OF SOU	rancisco, CA 94133	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF SOL	IRCF	
			J J J J J J J J J J J J J J J J J J J	BOSINESS ACTIVITY II ART, OF SOCKEE		
	Advocacy Grou	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(0)	Diviz (namadayy)	V/ 1110 L	5255(iii 1/5)(5. 5. 1/5)	
01,05,09	\$22.72	food/beverage		\$		
01,14,09	\$18.80	food/beverage		· \$		
01,29,09	\$28.73	food/beverage	-	\$		
► NAME OF SOURC	E		► NAME OF SOURCE	=	,	
CSPF	•		' .			
	ss Address Acceptab	le)	ADDRESS (Busines	s Address Acceptat	ole)	
same as abov		•				
	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOL	IRCE	
same as abov	/e		•			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
03 , 23 , 09	\$25.06	food/beverage		\$		
04 , 10 , 09	\$57.22	food/beverage		\$		
05 , 04 , 09	\$ 83.42	food/beverage		\$		
► NAME OF SOURCE	F		► NAME OF SOURCE	E		
CSPF	_	•			1	
	ss Address Acceptab	vie)	ADDRESS (Busines	ss Address Acceptal	ole)	
same as abov		•			•	
	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	
same as abo						
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
06 , 20 , 09	\$20.00	food/beverage	_	\$		
10 , 02 , 09	\$50.72	food/beverage	_	\$		
12 , 17 , 09	\$5.55	food/beverage		\$		
		•				
Comments:						
Johnnetha,			. '		•	
			•			